



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Complete if Known

Application Number	09/743,800
Filing Date	April 3, 2001
First Named Inventor	Olaf WILHELM et al.
Examiner Name	Hong Liu
Group Art Unit	1624
Attorney Docket Number	2923-122


Total Number of Pages in This Submission

## ENCLOSURES (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Assignment Papers   | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input type="checkbox"/> Fee Attached  | <input checked="" type="checkbox"/> Submission of Formal Drawing(s) & 6 Sheets               | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input type="checkbox"/> Amendment/Reply                                     | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition  | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application                    | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address      | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):            |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer   | Copy of Submission of Translation of Priority Application filed 2/11/2003                  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input checked="" type="checkbox"/> Request for Acknowledgment of Claim for Foreign Priority | Copy of Executed Declaration   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s)   |  |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    |  |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |  |  |

REMARKS:

OK to Enter

SUBMITTED BY		Complete (if applicable)			
NAME AND REG. NUMBER	Martha Cassidy, Reg. No. 44,066				
SIGNATURE		DATE	May 30, 2003	DEPOSIT ACCOUNT USER ID	02-2135